PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 [0710505]													
												THAN	
TOTAL CLAIMS								RATE	FEE] :	RATE	FEE	1
FOR			NUMBER FILED		NUMBER EXTRA		ľ	BASIC FE	385.00	OR	Basic Fee	770.00	ŀ
TO	TAL CHARGE	able claims	.9 minus 20=		•			X5 9=		OR	XS18=		
1×	DEPENDENT C	LAIMS	3 minus 3 •					X43=		OR	X86≈		ŀ
MULTIPLE DEPENDENT CLAIM PRESENT							•145=		OR	+290=			
*If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	387	OR	TOTAL		
il	CLAIMS AS AMENDED - PART II							SMALL	ENTITY	OR	OTHER SMALL		
MTA		CLASMS REMAINING AFTER AMENDMENT		PREVIO	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	BEST AVAILABL
AMENOMENT A	Total	. 9	Minus .	- 2	0	. /		X\$ 9=		OA	X\$18-		
	Independent	. 3	Minus		·3	•		X43=	V	OR	. X86=		
٢	TIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								71.	OR	+290=	•	A
TOTAL OR A											YOTAL ADDIT, FEE		≥
(12910	Column 1)		(Cotur	nh 2)	(Column 3)				-			130
AMENDMENT B	/ /	CLAIMS REMAINING AFTER AMENOMENT	·	HIGH NUM PREVIC PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	EC
	Total	. 7	Mirrus	• 💉	20	<u>. — </u>		X\$ 9=	1.	OR	X\$18=		2
	Independent	. 2	Minus	/	3			X43= ·	17	OR	X86=		×
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								X	OŘ	+290=		
7-6-66 TOTAL OR ADDIT FEE													
(Column 1) (Column 3)													
AMENDMENTC		CLAIMS REMAINING AFTER AMENDMENT		HEGH NAME PREVIO PAID	BER '	PRESENT . .EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.5	Minus	- 2	-0	- D		X\$ 9=	\ /	OR	X\$18=		
	Independent	. 2	Minus	(-0		X43=	1/	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 X 				
+145= /\ OR +290=													
-	* If the entry in column 1 is less than the entry in column 2, write "O" in column 3. — If the "Righest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." — If the "Righest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." — TOTAL ACOUT, FEE												
	The Tighest Nu	mber Previously Pai ther Previously Pai	of For (Total o	independi	HELD AN UNITED	highest numbe	r to.	no to the ap	budhusse pa	u in cai	harm 1.		•

FORM PTO-675 SICK 10/03

Application or Docket Number